

# DO THEY WORK? THE CURRENT STATUS OF CLINICAL TRIALS OF SPIRITUALLY-INTEGRATED TREATMENTS

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## Review of the Research

- Review findings from research on SIT's
- Discuss the limitations of these findings
- Discuss directions for future research

# What are SIT's?

- Presentation of rationale for treatment in a religious framework
- Use of religious arguments to counter beliefs
- Use of religious imagery procedures
- Promotion of religious/spiritual practices as activation strategies

# Number of Previous Studies

- Thirty-four clinical trials of SIT's
- Published between 1984 & 2007
  - ▣ 1980-1989 – 3 studies
  - ▣ 1990-1999 – 12 studies
  - ▣ 2000-2008 – 19 studies

# McCullough, 1999

- Reference: McCullough, M.E. (1999). Research on religion-accommodative counseling: Review and meta-analysis. *Journal of Counseling Psychology, 46(1), 92-98.*
- Inclusion criteria:
  - 1) Religion-accommodative vs. standard treatment
  - 2) Pure random assignment
  - 3) Target population suffering from *clinical* levels of specific symptoms
  - 4) Offer equal amounts of treatment to treatment groups

# McCullough, 1999

- 1) Propst, R.L. (1980). The comparative efficacy of religious and nonreligious imagery for the treatment of mild depression in religious individuals. *Cognitive Therapy and Research*, 4, 167-178.
- 2) Percheur, D.R., & Edwards, K.J. (1984). A comparison of secular and religious versions of cognitive therapy with depressed Christian college students. *Journal of Psychology and Theology*, 12, 45-54.
- 3) Johnson, W.B., & Ridley, C.R. (1992). Brief Christian and non-Christian rational-emotive therapy with depressed Christian clients: An exploratory study. *Counseling and Values*, 36, 220-229.
- 4) Propst, R.L. , Ostrom, R., Watkins, P., Dean, T., & Mashburn, D. (1992). Comparative efficacy of religious and nonreligious cognitive-behavioral therapy for the treatment of clinical depression in religious individuals. *Journal of Consulting and Clinical Psychology*, 60, 94-103.
- 5) Johnson, W.B., DeVries, R., Ridley, C.R., Pettorini, D., & Peterson, D.R. (1994). The comparative efficacy of Christian and secular rational-emotive therapy with Christian clients. *Journal of Psychology and Theology*, 22, 130-140.

# McCullough, 1999

- Coding of effect sizes
  - ▣ Religion-Accommodative – Standard Treatment
  - ▣ One-week follow-up, and BDI only
- Mean effect size = 0.18 (RC > Standard)
  - ▣ Not significantly different from zero
- Clinical cut-offs (2 studies only)
  - ▣ No differences between groups

# McCullough, 1999

- Author's conclusions
  - ▣ SIT's and standard treatments are equally effective
  - ▣ Choice of SIT's is simply a matter of preference
- Study limitations
  - ▣ Selective criteria
  - ▣ Only three first authors
  - ▣ All studies focused on depression
  - ▣ All studies focused on Christians



# Smith, Bartz, & Richards, 2007

- Reference: Smith, T.B., Bartz, J., & Richards, S. (2007). Outcomes of religious and spiritual adaptations of psychotherapy: A meta-analytic review. *Psychotherapy Research*, 17(6), 643-655.
- Inclusion Criteria
  - 1) Written in English
  - 2) Not an educational intervention, qualitative paper, or case study or
  - 3) Quantitative data on outcome of a mental health intervention with a religious/spiritual component

# Smith, Bartz, & Richards, 2007

- Thirty-one papers
  - ▣ Most studies (71%) involved group treatment
  - ▣ Most studies (71%) used control group
- How spirituality/religion was integrated
  - ▣ 45% - teaching spiritual/religious principles
  - ▣ 42% - client prayer
  - ▣ 32% - reading sacred texts (bibliotherapy)
  - ▣ 32% - religious imagery/meditation

# Smith, Bartz, & Richards, 2007

- Omnibus analysis
  - ▣ Average effect size of 0.56 (95%CI: 0.43-0.70)
  - ▣ Range: -0.55 to 1.63
- Moderation analysis (random effects ANOVA)
  - ▣ Consistent across client gender, age and setting
  - ▣ Effect size was higher for single-group studies (0.78) than studies comparing SIT's with standard treatment (0.51)
  - ▣ Effect sizes higher for studies evaluating well being (0.96) versus symptoms of mental illness (0.58)

# Smith, Bartz, & Richards, 2007

- Authors' conclusions

- Overall effect size (0.56) is moderately strong
- Effect size of the experimental studies (0.51) was much larger than what is typically observed in controlled studies (between 0 and 0.21; Wampold et al., 1997)
- SIT's may have greater impact on well-being than on amelioration of mental health symptoms

# Smith, Bartz, & Richards, 2007

## □ Limitations

- Only 52% of studies used a manualized treatment
- Only 29% used fidelity checks
- Eight studies (26%) did not report specific clinical issues being targeted

# Conclusions & Future Directions

- There IS evidence to suggest that SIT's work!
  
- Areas for further development
  - ▣ Improved standardization/specification of treatment
  - ▣ Development of brief treatments that are usable by religious and non-religious therapists
  - ▣ More research on non-Christians
  - ▣ More basic experimental research
  - ▣ More RCT's!!!

THANK YOU VERY MUCH!

PLEASE FEEL FREE TO SEND YOUR  
QUESTIONS & COMMENTS TO  
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